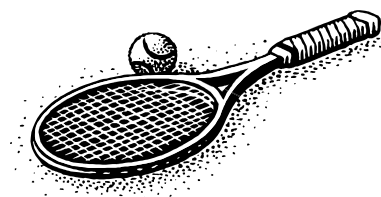


City Of Muskegon Leisure Services
933 Terrace St/PO Box 536
Muskegon, MI 49943-0536
(231)724-6704 Fax (231)724-1196

OFFICE USE ONLY

Trans # _____ Data Entry: _____
Date: _____ Staff ID: _____

SUMMER TENNIS 2009



PARTICIPANT INFORMATION

Child's Name _____ **Date of Birth/Age** _____

Address _____ **City/State/Zip** _____

Phone Number _____ **Emergency#** _____

Email _____

Session I: June 15th—July 3rd @ McGraft Park

Session I @ McGraft Park Fees

Summer Swingers \$35.00 City Residents, \$45.00 Non-Resident
Hot Hitters & Advanced Players-\$45.00 City Resident, \$55.00 Non-Resident

- ☐ **Summer Swingers** (7-9) 9:15 a.m.-10:00 a.m. (Tues, Wed & Thurs)
- ☐ **Hot Hitters** (10-14) 10:00 a.m. -11:00 a.m. (Tues, Wed & Thurs)
- ☐ **Advanced Players** (15-18) 11:00 a.m.-12:00p.m. (Tues, Wed & Thurs)

Session II: July 6th—July 24th @ McGraft

Session II Fees

Summer Swingers -\$35.00 City Resident, \$45.00 Non-Resident
Hot Hitters & Advanced Players -\$45.00 City Resident, \$55.00 Non-Resident

- ☐ **Summer Swingers** @ Mcgraft 9:15 a.m. -10:00 a.m. (Tues, Wed & Thurs)
- ☐ **Hot Hitters** @ McGraft Park 10:00 a.m. -11:00 a.m. (Tues, Wed & Thurs)
- ☐ **Advanced Players Workout** @ McGraft Park 11:00 a.m. -12:00 p.m. (Tues, Wed & Thurs)

PERMISSION/WAIVER

My child has permission to participate in the Youth Tennis Program at the City Parks mentioned above. I do hereby waive all responsibility of the Muskegon Leisure Services, and any co-sponsoring agencies, of any liability or injury incurred while my child is participating in this program.

MEDICAL CONDITION

Please indicate below if your child has any medical condition that we should know about:

Parents Signature_____Date_____

Make checks payable to the City of Muskegon. Please return this form and payment to: City of Muskegon Leisure Services, 933 Terrace St., P.O. Box 0536, Muskegon, MI 49440. Please call (231) 724-6704. with any questions. "The Benefits Are Endless"